

SERFF Tracking Number: MULF-126510219 State: Arkansas
 Filing Company: John Hancock Life & Health Insurance Company State Tracking Number: 44989
 Company Tracking Number:
 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: 2010 New Business Rates /

Filing at a Glance

Company: John Hancock Life & Health Insurance Company
 Product Name: Group Long Term Care Insurance SERFF Tr Num: MULF-126510219 State: Arkansas
 TOI: LTC03G Group Long Term Care SERFF Status: Closed-Approved State Tr Num: 44989
 Sub-TOI: LTC03G.001 Qualified Co Tr Num: State Status: Closed
 Filing Type: Rate Reviewer(s): Harris Shearer
 Authors: Pat Hamlett, Joanne Witham, Richard Famiglietti, Noah Rice, Robert Eaton
 Date Submitted: 02/23/2010 Disposition Date: 05/05/2010
 Disposition Status: Approved
 Implementation Date Requested: 06/01/2010
 Implementation Date:
 State Filing Description:

General Information

Project Name: 2010 New Business Rates Status of Filing in Domicile: Pending
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small and Large
 Overall Rate Impact: Group Market Type: Employer, Association, Trust
 Filing Status Changed: 05/05/2010 Explanation for Other Group Market Type:
 State Status Changed: 05/05/2010
 Deemer Date: Created By: Joanne Witham
 Submitted By: Richard Famiglietti Corresponding Filing Tracking Number:
 Filing Description:
 Re: John Hancock Life & Health Insurance Company
 Company NAIC # 93610; FEIN #: 13-3072894
 Group Long-Term Care Insurance Submission
 Revised Actuarial Memo for Policy Form P-FACE(2009) et al

Dear Commissioner:

SERFF Tracking Number: MULF-126510219 State: Arkansas
 Filing Company: John Hancock Life & Health Insurance Company State Tracking Number: 44989
 Company Tracking Number:
 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
 Product Name: Group Long Term Care Insurance
 Project Name/Number: 2010 New Business Rates /

We enclose the above referenced actuarial memo for your review and acceptance. This memo and new rate schedules will apply to new business only and update the actuarial memo and rates associated with our:

- Group Long-Term Care Insurance form P-FACE(2009) et al. The actuarial memo/rates for this policy series were last accepted by your Department on July 31, 2008, MULF-125634076.

We find that our rates must be updated for new business. The base policy rates are being increased due to changes in investment returns, expenses, lapses, and an increase in our margins. The submitted rates are on average approximately 15.9% higher than current rates for this policy series.

There has been no change or addition to the benefit features or provisions from our current portfolio, however, we may in the future discontinue offering the Lifetime benefit period.

Subject to your acceptance, the new premium rates will be applied on a prospective basis for coverage issued on June 1, 2010 or a date when a significant majority of states have accepted. It is important to note that no rate change will be imposed on existing certificate holders. These new rates will be applied on a prospective basis for new policies once the launch date is determined, and may be applied to new certificates of existing policies after any applicable rate guarantees have expired.

Company and Contact

Filing Contact Information

Richard Famiglietti, Sr. Contract Consultant rfamiglietti@jhancock.com
 200 Berkeley Street 617-572-1997 [Phone]
 B-6-6 617-572-0399 [FAX]
 Boston, MA 02117

Filing Company Information

John Hancock Life & Health Insurance Company	CoCode: 93610	State of Domicile: Delaware
200 Berkeley Street	Group Code: 904	Company Type: Life & Health
Boston, MA 02117	Group Name:	State ID Number:
(617) 572-6000 ext. [Phone]	FEIN Number: 13-3072894	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes

SERFF Tracking Number: MULF-126510219 State: Arkansas
Filing Company: John Hancock Life & Health Insurance Company State Tracking Number: 44989
Company Tracking Number:
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: 2010 New Business Rates /
Fee Explanation: \$50 per rate, filing 1 rate
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
John Hancock Life & Health Insurance Company	\$50.00	02/23/2010	34387131

SERFF Tracking Number: MULF-126510219 State: Arkansas

Filing Company: John Hancock Life & Health Insurance Company State Tracking Number: 44989

Company Tracking Number:

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Group Long Term Care Insurance

Project Name/Number: 2010 New Business Rates /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Harris Shearer	05/05/2010	05/05/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
REVISED RATES	Note To Filer	Harris Shearer	04/01/2010	04/01/2010

SERFF Tracking Number: *MULF-126510219* *State:* *Arkansas*
Filing Company: *John Hancock Life & Health Insurance Company* *State Tracking Number:* *44989*
Company Tracking Number:
TOI: *LTC03G Group Long Term Care* *Sub-TOI:* *LTC03G.001 Qualified*
Product Name: *Group Long Term Care Insurance*
Project Name/Number: *2010 New Business Rates /*

Disposition

Disposition Date: 05/05/2010

Implementation Date:

Status: Approved

Comment: RATES ARE APPROVED FOR NEW BUSINESS ONLY.

Rate data does NOT apply to filing.

SERFF Tracking Number:	MULF-126510219	State:	Arkansas
Filing Company:	John Hancock Life & Health Insurance Company	State Tracking Number:	44989
Company Tracking Number:			
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Group Long Term Care Insurance		
Project Name/Number:	2010 New Business Rates /		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Cover Letter		Yes
Supporting Document	Transmittal Form		Yes

SERFF Tracking Number: *MULF-126510219* *State:* *Arkansas*
Filing Company: *John Hancock Life & Health Insurance Company* *State Tracking Number:* *44989*
Company Tracking Number:
TOI: *LTC03G Group Long Term Care* *Sub-TOI:* *LTC03G.001 Qualified*
Product Name: *Group Long Term Care Insurance*
Project Name/Number: *2010 New Business Rates /*

Note To Filer

Created By:

Harris Shearer on 04/01/2010 01:18 PM

Last Edited By:

Harris Shearer

Submitted On:

05/05/2010 03:31 PM

Subject:

REVISED RATES

Comments:

PLEASE ATTACH REVISED RATES TO RATE SCHEDULE.

SERFF Tracking Number: MULF-126510219 State: Arkansas
Filing Company: John Hancock Life & Health Insurance Company State Tracking Number: 44989
Company Tracking Number:
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Group Long Term Care Insurance
Project Name/Number: 2010 New Business Rates /

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:			
Attachment:			
AR_Cover_Letter.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Transmittal Form		
Comments:			
Attachment:			
AR_Industry_rates_lh_trans.pdf			

John Hancock Life & Health Insurance Company

John Hancock Place
Post Office Box 111 B-6-6
Boston, Massachusetts 02117
1-888-877-6075
Direct: (617) 572-1997
Fax: (617) 572-0399
Email: rfamiglietti@jhancock.com



Richard Famiglietti
Senior Contract Consultant

LTC Contracts and Legislative Services

February 23, 2010

Julie Benafield Bowman
Commissioner
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: **John Hancock Life & Health Insurance Company**
Company NAIC # 93610; FEIN #: 13-3072894
Group Long-Term Care Insurance Submission
Revised Actuarial Memo for Policy Form P-FACE(2009) et al

Dear Commissioner:

We enclose the above referenced actuarial memo for your review and acceptance. This memo and new rate schedules will apply to new business only and update the actuarial memo and rates associated with our:

- Group Long-Term Care Insurance form P-FACE(2009) et al. The actuarial memo/rates for this policy series were last accepted by your Department on July 31, 2008, MULF-125634076.

We find that our rates must be updated for new business. The base policy rates are being increased due to changes in investment returns, expenses, lapses, and an increase in our margins. The submitted rates are on average approximately 15.9% higher than current rates for this policy series.

There has been no change or addition to the benefit features or provisions from our current portfolio, however, we may in the future discontinue offering the Lifetime benefit period.

Subject to your acceptance, the new premium rates will be applied on a prospective basis for coverage issued on June 1, 2010 or a date when a significant majority of states have accepted. *It is important to note that no rate change will be imposed on existing certificate holders. These new rates will be applied on a prospective basis for new policies once the launch date is determined, and may be applied to new certificates of existing policies after any applicable rate guarantees have expired..*

The following items are included in this submission:

- the submission letter.
- all actuarial material.
- a \$50.00 filing fee (rate), submitted via EFT Transmission
- all required certifications.

Thank you for your time and consideration in this matter.


Sincerely,

Richard Famiglietti

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	John Hancock Life & Health Insurance Company 200 Berkeley Street Boston, MA 02117	DE	Life & Health	904	93610	13-3072894	
4.	Contact Name & Address	Telephone #	Fax #		E-mail Address		
	Rich Famiglietti 200 Berkeley Street, B-6-06 Boston, MA 02116	617-572-1997	617-572-0399		rfamiglietti@jhancock.com		
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	SERFF Filing # MULF-126510219					
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____					
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Group</div> <div> <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>					
9.	Type of Insurance	LTC03L Individual Long Term Care					
10.	Product Coding Matrix Filing Code	LTC03L.001 Qualified					
11.	Submitted Documents	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div style="width: 33%;"> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other </div> <div style="width: 33%;"> <input type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <p><u>Rates</u> <input checked="" type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate</p> <p><input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____</p> <p><u>SUPPORTING DOCUMENTATION</u></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input checked="" type="checkbox"/> Certifications </div> </div>					

12.	Filing Submission Date	2/23/10			
13	Filing Fee (If required)	Amount	<u>\$ 50.00</u>	Check Date	<u>EFT Transmission</u>
		Retaliatory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Check Number	<u>EFT Transmission</u>
14.	Date of Domiciliary Approval	Pending approval in Delaware.			
15.	Filing Description:				
	<p>Re: John Hancock Life & Health Insurance Company Company NAIC # 93610; FEIN #: 13-3072894 Group Long-Term Care Insurance Submission Revised Actuarial Memo for Policy Form P-FACE(2009) et al</p> <p>Dear Commissioner:</p> <p>We enclose the above referenced actuarial memo for your review and acceptance. This memo and new rate schedules will apply to new business only and update the actuarial memo and rates associated with our:</p> <ul style="list-style-type: none"> • Group Long-Term Care Insurance form P-FACE(2009) et al. The actuarial memo/rates for this policy series were last accepted by your Department on July 31, 2008, MULF-125634076. <p>We find that our rates must be updated for new business. The base policy rates are being increased due to changes in investment returns, expenses, lapses, and an increase in our margins. The submitted rates are on average approximately 15.9% higher than current rates for this policy series.</p> <p>There has been no change or addition to the benefit features or provisions from our current portfolio, however, we may in the future discontinue offering the Lifetime benefit period.</p> <p>Subject to your acceptance, the new premium rates will be applied on a prospective basis for coverage issued on June 1, 2010 or a date when a significant majority of states have accepted. It is important to note that no rate change will be imposed on existing certificate holders. These new rates will be applied on a prospective basis for new policies once the launch date is determined, and may be applied to new certificates of existing policies after any applicable rate guarantees have expired..</p>				

16.	Certification (If required)		
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u> .			
Print Name	<u>Rich Famiglietti</u>	Title	<u>Contract Consultant</u>
			
Signature	<u></u>	Date:	<u>02/23/10</u>

LHTD-1, Page 2 of 2

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number			P-FACE(2009) et al	
This filing corresponds to form filing company tracking number			N/A	
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing			%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Actuarial Memorandum to P-FACE(2009) et al	P-FACE(2009) et al	X New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1